



City of Chelsea

Human Resources
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Robert Joy
Director of Human Resources

INPATIENT HOSPITAL REIMBURSEMENT REQUEST

Employee Name _____ HP number _____

Name of patient _____ Relationship: _____

Name of Hospital of In-patient Care _____

Beginning and Ending Dates of In-patient care: Admitted: month ____ day ____ year ____
Discharge: month ____ day ____ year ____

I am applying for reimbursement of the \$300.00 copayment charged due to inpatient admittance. This application is filed under the authority of the agreement that was entered into during FY 2012 between the City and the Chelsea Public Employee Committee for the purpose of reimbursing subscribers for inpatient hospitalization copayments incurred throughout the duration of the aforementioned agreement. The Reimbursement Policy of the agreement allows for reimbursement of the hospital inpatient copayment charge of \$300.00 as applied under the City's Harvard Pilgrim Health Care plans. Reimbursement is applicable to a maximum amount per fiscal years as specified in the agreement.

In order to receive reimbursement, subscribers shall submit evidence of payment of the \$300.00 to the City Human Resources Department (room 301) within 90 days of a hospital admission or upon the subscriber's discharge, whichever is longer. I understand that this request is subject to the approval of the Human Resources Director who shall take into consideration such factors as the availability of the funds committed per the agreement, the applicable reimbursement or payment appropriate by another party(ies) and any other factors deemed relevant.

Reimbursement will be made in the following quarter if claims are submitted no later than 30 days prior to the end of the quarter.

IMPORTANT: This request must be submitted with the invoice and documentation, with appropriate identifying information shown, establishing that the \$300.00 copayment has been paid for a covered subscriber.

Employee signature _____ Date _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Date Received at HR Department: _____ By: _____

Approved _____ Date _____

HR Director

KPB 7/16/12